

PTO/SB/22 (10-00)

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Docket Number (Optional)

SCH-2029

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

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OCT 16 2006

In re Application of Caroline OSTERHOFF et al	
Application Number 10/668,181	Filed SEPTEMBER 24, 2003
EPIDIDYMIS-SPECIFIC RECEPTOR PROTEIN AND ITS For USE	
Group Art Unit 1649	Examiner ULM, John

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

A check in the amount of the fee is enclosed

Payment by credit card. Form PTO-2038 is attached

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3402.

I have enclosed a duplicate copy of this sheet.

I am the: applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a)

Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 16, 2006

Date

Signature

Anthony J. Zelano, Reg. No. 27,969

Typed or printed name

NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted

Burden Hour Statement: This form is estimated to take 1.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions on how you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR PAYMENT WITH FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450. A postage paid self-addressed envelope is being returned with this form to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Name: STANLEY K

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Signature: SK

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Date: October 2006